

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 936922	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1	1					51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8	7						58					
9							59					
10							60					
11							61					
12							62					
13							63					
14							64					
15							65					
16	7						66					
17	1	1					67					
18							68					
19							69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
26	9						76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36	9						86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
<b>TOTAL IND.</b>	5		5				<b>TOTAL IND.</b>					
<b>TOTAL DEP.</b>	55	55	31	31			<b>TOTAL DEP.</b>					
<b>TOTAL CLAIMS</b>	60	60	36	36			<b>TOTAL CLAIMS</b>	60	60	36	36	